

CHILDREN'S HOSPITAL

HOSPITAL NUMBER **5 0 7** 1-3

NAME STRAIN ADAM UNIT NUMBER **364377** 4-13

ADDRESS  14-15

BIRTH SURNAME SEX M - MALE F - FEMALE **M** 16

DATE OF BIRTH **0 4 0 8 9 1** 17-22

OCCUPATION NOTE: Where patient is a 'child', 'at school' or a 'housewife' please state occupation of head of household **D** 23

MARITAL STATUS 1 - Single 2 - Married 3 - Widowed 4 - Other 5 - Not Known **5** 24

RELIGION 1 - Church of Ireland 2 - Presbyterian 3 - Methodist 4 - Roman Catholic 5 - Jewish 6 - Other (specify) 7 - Not Known **7** 25

DATE OF ADMISSION **1 5 1 0 9 1** 26-31

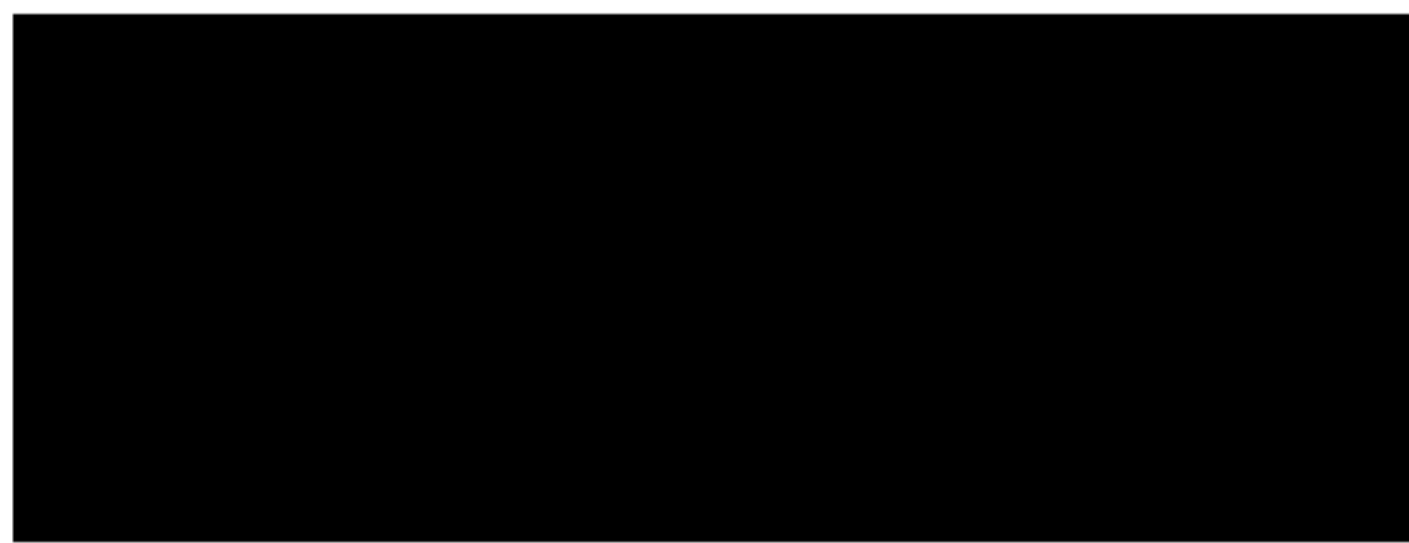

ADMISSION TYPE 1 - Immediate 2 - Waiting List 3 - Other Hospital 4 - Booked (Non Maternity) 5 - Booked (Maternity) 6 - Born in Hospital **D** 32

DATE PLACED ON WAITING LIST OR BOOKED (NON MATERNITY)  33-38

ACCIDENT 1 - Home - Burns 2 - Home - Scalds 3 - Home - Falls 4 - Home - Poisoning, Inhalation 5 - Home - Poisoning, Other 6 - Home - Other 7 - RTA 8 - School 9 - At Work 10 - Sport 11 - Civil Disturbance 12 - Assault 13 - Other 14 - Not Applicable **D** 39

CONSULTANT DR M SAVAGE **6 1 7 0** 40-43

No. OF FORM IN BATCH  44-46

OWN DOCTOR DR SCOTT THE SURGERY 9 BROOK STREET HOLLYWOOD  TELEPHONE: 87-6984	RELATIVE OR OTHER PERSON FOR CONTACT IN EMERGENCY   TELEPHONE: 	PREVIOUS ATTENDANCES
		YES/NO
		WARD
		ADMITTED BY
		TIME <b>MUSG</b> <b>MF</b> <b>18:00</b>

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		YES/NO
		WARD
		ADMITTED BY
		TIME <b>MUSG</b> <b>JL</b> <b>10:46</b>

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